

Will the Public Demand Police Officers be trained as Emergency Medical Technicians?

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There is absolutely no function a police department performs that is more important than saving a human life. Most often, the presence of a police officer, deputy or firefighter makes the difference between life and death. More likely than not, the "first responder" to critical life-threatening incidents such as automobile accidents, heart attacks, drownings, childbirths and shootings will be a police officer. Unfortunately, all of these incidents require immediate medical attention that most officers are unable to provide today.

Current and Critical Response Time Research for EMS Services

According to a recent investigation conducted by USA TODAY published June 20, 2005 entitled "The price of just a few seconds lost: People die," more than 1,000 "savable," lives are lost needlessly each year in the nation's biggest cities because of inefficiencies in emergency medical systems. They claim cities that rely on imprecise response times to assure the public they are capable of responding when needed. This leaves precious minutes uncounted; minutes lost as the call for help is routed through a busy dispatch center and as medical crews prepare to make their way to the victim's side.

USA Today's 8-month investigation included a survey of emergency medical directors, analysis of dispatch data, extensive site visits and interviews with city officials, firefighters, paramedics and victims' families. It found the way cities measure their

response time to the most critical calls makes a significant difference in how many lives are saved. Some cities measured response times from the time they receive the phone call into the dispatch center to the time the unit arrives on scene. Others measured from the time the call was dispatched to the time the unit arrives on scene. Without state or national standards, the public could easily misperceive how effective their emergency medical response is, and assume they are safe without knowing how long it may take services to reach them.

According to the USA Today's research, few cities knew exactly how long their emergency crews took to reach cardiac arrest victims, and most were selective about how they portray their performance. Only nine of the 50 largest cities tracked their response times precisely enough to know how often emergency crews reach the victims of cardiac arrest within six minutes. Most other U.S. cities didn't know their response times, refused to disclose them or used imprecise measures that rendered their data meaningless. Unfortunately, the situation persists even though research has clearly shown precise measuring improves performance and saves lives.

Top emergency officials acknowledge that more precise measures are needed. "Response times are deceiving," says Harold Shaitberger, president of the International Association of Fire Fighters, which is studying ways to measure emergency medical performance. "With emergency medical services, an important factor is not only how quickly paramedics arrive at the scene, but how quickly they begin administering treatment" (USA Today, 2005, Six Minutes to Live or Die). Marc Eckstein, the Los Angeles Fire Department's medical director, agrees. "If your house is on fire, do you want to know the time it takes for them to get to the scene or the time it takes to squirt water?"

he says. "It's time to mitigation. Doing it the way we do it only makes pretty statistics" (USA Today, 2005, Six Minutes to Live or Die).

Six Minutes to Live or Die

The Mayo Clinic claims that a patient has only six minutes to live when their heart has short-circuited and has been thrown into a chaotic condition known as ventricular fibrillation (USA Today, 2005, Six Minutes to Live or Die). A shock with a defibrillator within that time will usually restore the heart's rhythm. In some cases, even if the victim goes an additional minute or so without a normal heartbeat, he or she can still survive if paramedics restore breathing and administer key drugs such as adrenaline, but the likelihood lessens with each passing second.

According to the Mayo Clinic, science is leaping ahead, zeroing in on the exact moments between life and death. Medical experts are beginning to understand just how crucial seconds can be in emergency response, and also know the technology to save lives in the field is readily available. In light of this understanding, it is time for cities to embrace the time challenge, start using the appropriate technologies and to consider creative approaches to shave seconds from their response times to save more lives. One of those approaches might be to use safety personnel already in the field when a medical emergency arises; personnel used to working in the stress of an emergency environment, and accustomed to doing so in situations that might be dangerous to themselves or others. The untapped resource in the response time dilemma might be the officer or deputy already patrolling city streets.

The Rochester Experience

Over the past twelve years in Rochester Minnesota, home of the Mayo Clinic, they measured to the second the "call-to-shock" time - from the time the 911 calls comes in to the moment a shock is delivered to the patient (USA TODAY, 2005, Six Minutes to Live or Die). Rochester knows, based on their experience, that the people who are saved are shocked on average within 5 minutes 30 seconds. It also knows those victims who were not saved were not shocked until, on average, 6 minutes 42 seconds after the 911 calls were received. The Rochester study also showed the importance of a speedy response. From this data, Rochester concluded that less trained first responders (such as police officers) who would get to the victim more quickly to administer first aid with a defibrillator would make the difference between life and death.

The city chose to equip their police officers with Automated External Defibrillators (AED's) as a result of the study. Now, when an emergency dispatcher learns that a victim of cardiac arrest needs help, an alert is broadcast over the police radio to every officer on the street. The police often arrive ahead of fire trucks and ambulance teams because they are already in the field. Rochester officers have been the first to "shock" 37 of the 73 people who were saved in the past 12 years. The city has raised its sudden cardiac arrest survival rate from 30 percent to an impressive 44 percent during that time.

In 2002, the National Center for Early Defibrillation (NCED), a non-profit organization based at the University of Pittsburgh, published a position statement and best-practices recommendations on defibrillation for law enforcement officials in both the July/September issue of Pre-hospital Emergency Care and the July issue of Resuscitation.

NCED recommended law enforcement officials should strive to arrive at the scene of a medical emergency within three to five minutes after the call to 9-1-1 received, and then be prepared to provide basic life support and defibrillation services until the arrival of EMS services. (American Heart Association, 2002, "License to Heal")

The study was prompted by the unacceptably low survival rates of victims who relied on the fire-rescue model of responding to cardiac arrest. When fire-rescue emergency medical services programs began in the early 1970s, survival rates were somewhere between 11 and 24 percent. In cities with major first responder programs, survival rates went as high as 30 percent, a vast improvement over outcomes that were uniformly fatal prior to equipping fire-rescue with AEDs (HealthScout News, 2002, "Defibrillators and Police"). Due to delays in reaching victims caused by growing traffic snarls, however, it has since been recognized that in most metropolitan and rural areas the best survival rates average no more than five percent. New York City and Chicago are less than two percent each. Miami, which once had a survival rate as high as 24 percent in the early 1980s fell to nine percent by 1996. (American Heart Association, 2002, License to Heal)

In 2002, the Miami-Dade County Florida assigned their police officers AED's, which slashed three minutes off the response time to cardiac arrest cases and also raised the cardiac incident survival rate from nine percent to 17 percent (HealthScout News, 2002). They concluded the Fire Department's response from a physical location remote from the patient was excessive. "It takes time for them to get to the patient," according to Dr. Robert J. Myerburg, the lead author of the study and a professor of medicine and physiology at the University of Miami School of Medicine. "Those first few minutes are

absolutely critical," Myerburg says. A patient's chance of survival is best within the first minute. By the second minute, the chances of survival drop to 50 percent. By the fourth minute, the odds are only 25 percent." He continued by stating the "Police are already on the road so if you simultaneously notify police and fire rescue people, the combination shaves about three minutes off the response time."

Other cities, including Washington, D.C. and New York, have followed suit and purchased AED's for police officers. Survival rates in those cities, however, have yet to rise. Interviews with police administrators and instructors who conduct defibrillator education programs suggest the lack of success may be attributed to resistance by officers who object to the change in their job description (USA Today, 2005, Six Minutes to Live or Die). Rochester's police officers, though, inspired by the 37 lives they have saved, have generally accepted their expanded role. "This is our police culture," says Steven Johnston, the deputy police chief. "This is the way we've always done it. We don't know any different" (USA Today, 2005, Six Minutes to Live or Die).

AED's, Paramedics and the state of police training

The police continue to place themselves in harm's way for the protection of the public. Unfortunately, on many occasions officers find themselves, other officers or innocent victims gravely injured. Events such as Columbine, Waco, the North Hollywood Bank shooting in Los Angeles, the Terrorist Bombing of the Twin Towers in New York City and the tragedy of 9-11 have dramatically changed the way the police look at the urgency of administering first aid in the field. Medical care often falls to officers on scene

because it may not be safe enough for a civilian Emergency Medical Services response. American Heart Association Research shows that officers performing CPR and using AED's save as many cardiac arrest victims as highly trained paramedics (American Heart Association, 2003, "Armed with AED's, Police Save Lives by Cutting Response Times"). These findings should cause astute police administrators to consider how they might best allocate their resources to save lives, and they may lead to sweeping changes in the delivery of emergency medical systems across the nation.

The American Heart Association study revealed there are times when paramedics just can't reach victims fast enough. Fire personnel historically respond to calls for service from a station, while police officers in the field on patrol are usually much closer to medical aid calls for service. Subsequently, it is conceivable that some lives are lost each year because Emergency Medical Services (EMS) is often fragmented, inconsistent or slow. An example of this reality is found in Buena Park, California.

Since 2000, Buena Park's police units have been equipped with AED's, and their officers have saved lives as a result. Battalion Chief Chip Prather of the Orange County Fire Authority, which contracts with the city to provide Fire services, has formally praised the police department on a number of occasions for providing officers with AED's and assisting them in making the community a safer place to live. He claims some lives would not have been saved had it not been for the quick response and actions of police officers and their immediate application of the AED and other first aid services. The Fire Authority supports the Police Department's AED program and says that it is just another method to save lives in the partnership developed between police and fire to

make the community a safer place to live, visit and do business. Unfortunately, the majority of other cities have not followed suit.

The Current State of Police Medical Training

Currently, most law enforcement agencies in California provide first aid training for their police officers, little more than the general public would receive at night school or from the Red Cross. Basic first aid and CPR training is mandated for peace officers by the CA Commission on Police Officer's Standards and Training (POST). There are a few police agencies in the state that exceed these standards by training their personnel to be EMT's, or by equipping them with lifesaving devices such as the AED. Amongst those who do are the California State Parks Police, Rohnert Park Police Department, Sunnyvale Department of Public Safety and the California Highway Patrol.

The CHP is the largest state police agency in the nation, with more than 5,000 sworn officers. They provide policing services to some very rural areas of the state where Emergency Medical Services are sometimes more than an hour away. They started researching an Emergency Medical Technician (EMT) program back in 1975. They realized EMT's and paramedics provide vital medical attention and are able to quickly care for the injured, and concluded their officers should be trained in a similar fashion (California Highway Patrol Report, 1975, "Emergency Medical Services In Rural California Report").

From 1975 to 1986, the CHP certified each of their new officers as EMT's in a 120-hour course. Since that time, they have elected to train the majority of them only as Emergency Medical Responders (EMR's) while in the academy. This requires only 40

hours of training a year versus 120 hours for an EMT. The CHP found that even though the EMT program did save lives and was very beneficial, the amount of ongoing training, scheduling and records management became a difficult scheduling and staffing issue, as well as a financial burden for their organization. Since 1986, they continue to train officers who work in rural areas as EMT's, but all other officers are trained as EMR's (California Highway Patrol, 1986, Emergency Medical Technician Task Force Report)

In Orange County, CA, the average response time for emergency medical services from the Orange County Fire Authority (OCFA) is about five minutes (online 2005, ocfa.org). In an interview with the Orange County Fire Authority EMS Chief, John Howland in September 2004, he acknowledged police officers are increasingly being assigned to medical aid calls for service, and they often find themselves waiting for paramedics to arrive once they arrive. He attributes this to officers being in the field versus "in the station" like firefighters and paramedics.

The average response time for the Buena Park Police Department is about 3 minutes and 22 seconds (online, 2005, BPPD.com). This gives the police officer in cities like Buena Park, on average, almost two minutes to evaluate the situation and initiate life saving aid to victims before OCFA paramedics arrive at the scene. In cases of cardiac arrest and similar life-threatening emergencies, these minutes can be critical. If even one life is saved by training and equipping officers appropriately, can we put a price on the cost of their EMT training?

The Future of Policing

A number of demographic factors indicate the need for EMT trained police officers will only intensify over the next few years. Some of the many factors that will contribute to this trend are as follows:

- *The population growth in California-* The problem will worsen because there will be more residents that will demand EMS services.
- *The increase in the elderly population-* The problem will worsen because the elderly are typically more in demand of EMS services than others. The baby boomer generation is beginning to retire and moving into retirement communities and senior housing projects in our communities.
- *The increase in traffic congestion-* The problem will worsen as a result of our infrastructure struggling to keep up with current demand. Higher population equates to more vehicles on the roadway and more traffic congestion. Emergency Services response times are most likely going to increase as a result of this trend.
- *The threat of past and future acts of terrorism-* There is a stronger likelihood of a major terrorism event occurring in the United States. If one were to occur, like on 9/11 event in New York City, EMS services would be overwhelmed.
- *Today's criminals are more determined, violent and heavily armed than ever before -* Crisis situations such as active shooters, barricaded subjects and hostage situations are increasing at an alarming frequency. Law enforcement personnel typically handle these scenes, which are not typically assessable to Fire Department / Paramedics. If this trend

continues, there will be a higher level of demand for EMT trained police officers that have tactical experience.

As we have seen, the role of the police profession is constantly evolving, and we must continue to make every effort to keep pace with an ever-changing environment. Depending on the nature of the emergency, police officers are seeing their role expand into areas not related to “peace-keeping” due to limited resources or other contractions in local government. Acquiring a proficiency in medical aid may be yet another area where officers will expand their repertoire.

The mandates of the profession in the area of medical treatment continue to increase along with the demands from the public they serve. Police are part of the public safety continuum. They are generally respected by the public, trained to operate in stressful environments, able to communicate with other responding emergency services, have a structured process for command and control, and are relied upon to provide assistance. Part of being prepared to respond to a scene of mass destruction is being able to deploy people who can provide adequate first aid in an area where there is total confusion. The United States Marines use a very similar concept by having Navy corpsmen provide first aid in a combat zone (USA Today, 2005, “The Price of a Few Seconds Lost”). Our police departments should have a similar group of officers who can provide that type of service.

Though we often rely on our Fire Department to provide first aid, there are countless instances to which the Fire Department will not respond until the incident has been stabilized and secured. An example of this would be an active shooting scene where

suspects are still outstanding or when there it is way too dangerous for them to enter. They are not armed; they do not wear protective gear and should not go into a scene until police render it safe. We would significantly increase our capability of saving lives if there was an EMT certified officer to provide first aid in a high threat environment. Further, should a scene of mass destruction ever occur, we would have trained officers capable of initiating the process of establishing mobile first aid stations to save lives while awaiting a response from fire service personnel.

Challenges

Training our first responders to be Emergency Medical Technicians will bring some interesting challenges for police administrators. For example, the absence of a police medical response culture in law enforcement might inhibit ready acceptance of this role. As was revealed in the USA TODAY study (2005, Six Minutes to Live or Die), there is a discomfort amongst police officers with the role of medical intervention and officers are somewhat reticent to provide this type of service. There are also stakeholders involved who may have vastly differing perspectives on the need and desirability of implementing programs that would add emergency medical services to the core duties of officers and deputies.

In October 2004, the Buena Park Police Department conducted a Nominal Group Technique (NGT) exercise to study the issue of "The Future Impact of Mandating EMT Training for Police Officers by the Year 2010". One of the goals of the NGT was to identify trends that could have an effect on training police officers to be EMT's in the next 5 years and how those trends would impact law enforcement agencies.

The participants consisted of one police sergeant, a police training manager, a nursing coordinator from Care Ambulance, one Fire Department Captain, one Fire Department firefighter/paramedic, an emergency room physician, the director of a local police academy and a member of the Buena Park Senior Center. The panel discussed a number of trends, agreeing there had to be a commitment to quality training and equipment if police officers were to become certified Emergency Medical Technicians. They were concerned about the challenge of training the current personnel. To qualify these officers in an accelerated training program could grossly overload the resources of a community college system already working to fulfill existing requirements for EMT training for ambulance personnel, emergency service fire units and rescue units. The need to fill a peace officer-oriented training course might also adversely impact the agency's staffing needs.

The panel felt this concept would also require a significant increase in the amount of training police officers would need to keep their EMT skills current. The panel's level of concern in this area for the future was very high.

The Police Academy Director on the panel expressed concern about an increase in required training hours for police officers at the academy if EMT training became a state or regional mandate. POST currently requires only 667 hours of academy training, 120 of which is dedicated to first aid training. EMT courses would add an additional 120 hours of training, requiring academies to increase their length by almost a month. This would have a significant impact on academies and their budgets, as well as staffing levels of agencies waiting for recruits to graduate. Some panel members believed policing was already in a dynamic situation, with a variety of mandatory training requirements already

in place. They felt that training officers to be EMT's would only exacerbate the problem, and be more burdensome than the potential benefits were worth.

The panel believed the biggest potential stumbling block for a law enforcement agency would be a buy-in from the first responders and police officer's unions. This is the group that will be receiving the EMT training and will be expected to provide a higher level of service to the community. In an interview with the Police Association President David Martinez (August 2005), he said training officers to be EMT's would be adding responsibilities and duties to the police officer position. He believed it might have a significant impact on salary and benefit negotiations to compensate for added expertise in the future. He believed that, if officers were compensated adequately for being EMT's, they would probably be more inclined to accept the more stringent requirements of their positions. Reluctance or refusal by them to do so could result in the failure of the program and the desired changes in service.

The overall feeling of the panel was that the EMT program would be an absolute asset to any community. They believed, however, it would be a very costly program and would definitely need support from all of the stakeholders involved. They believed support is probably not there at this time, but if another major terrorism event occurred in the United States like the one in New York City in 2001, then full support would probably be there immediately.

As one can see, law enforcement will need to participate and work in a collaborative effort with all stakeholders in order for the EMT program to be successful. It will require a specific plan that will overcome people's resistance to change. It will also require support from the policymakers who provide funding for, training and equipment.

This is a non-traditional service that law enforcement will be providing, but is a very valuable service that will save lives.

Leadership

To facilitate any type of significant change, such as integrating EMT services into an organization, there must be trusted and respected leadership. Without proven leadership, the prospect of success is not good. It is imperative that the leader of this committee be aware of the vision of the Chief of Police and that of the organization. Those responsible for leading this effort will be responsible for directing and keeping the committee headed in a positive direction and ultimately achieving the vision. It is the Chief's responsibility to evaluate the recommendations and make the decision on the methods police officers will use to deliver Emergency Medical Services. The Chief of Police will need to evaluate the quality of equipment and training being delivered versus the current need by the first responders and authorize or deny the request.

Another important factor in the successful transition would be to include the expertise agency's budget manager. Being able to solicit advice and information on how funding for equipment and training will occur is vital to the implementation of the program. Having the support of this member in the organization will help provide for a smooth transition.

Evaluation

A good program implementation plan will include a means to measure the project's success. Police Department's should be able to compare their potential of

offering this service against existing data of how well or not Fire Service delivers it. This evaluation is very important. There are several questions that will need to be answered to determine if the strategy is working. Questions such as the impact on EMS response times, training adequacy, staffing constraints and litigation exposure must be answered. If the police EMT program proves be successful in saving lives, continued evaluation of that success is warranted. If the program is not working, then agencies must be willing and open minded enough to either alter or abandon the process for more effective delivery models.

Conclusion

We need to prepare to face the challenges emerging in our society. It is a very different world than the one we lived in before September 11, 2001. The police officer's role has been redefined, and they are now expected to be first responders capable of managing incidents from the most minor up to acts of aggression against the United States. They were the first responders to the tragedy in New York City, and also were the first, and only, responders to those trapped in New Orleans for days after that City was flooded in the wake of Hurricane Katrina. By learning from the experience of others in Rochester, Miami and other cities that have transitioned to an officer EMT model, we can meet the needs and expectations of our communities more effectively. To fail to do so puts others at risk, and can result in an unnecessary loss of human life as officers stand helplessly by while waiting for others to administer aid. As Dwight D. Eisenhower once said, "In preparing for battle I have always found that plans are useless, but planning is

indispensable!" Our mandate now is not just to plan, but to act. Hopefully, the call for medical aid can wait until we are ready.